U.S. Department of cabor Office of Labor Management Standards Washington, DC 20210

For Official Use Chik

AUG 19

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0148
Expires 11 30 2006

This regard is mandatury under Pit 186-257 as a filtred to 15 Himself to comply may result in criminal prosecution. These ici is vill enables as provided by 29 UIS C 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

: File Number U- 2209 /	2 Fiscal rear Covered From
• /	/ *nrough / /
3 Name and address of person filing	4. Name, file number, and appress of labor organization.
Name GEORGE R MURPLY TR.	Name Ufcee Land 27
	Labor Organization File Number 5/5-009
P.O. Box Bldg. Room No. If any	P.O. Box, Building and Rech Number of any
Street 865 GAMBIER COURT	Street 21 WEST ROAD
CI, GAMBIZIUS	CIV BALTILICE E
State MARYLAM ZIF Color+4 20054	State MARYLANI ZIP Code · 4 21204
5 Position in tabor organization	
	ouse or minor child directly or indirectly had any of the following interests fusions set forth in the instructions)
A Held an interest in lengaged in transactions (including leans) with lo monetary value from an employer whose employees your organization.	
6. Name and address of Employer (ir cluding trade name if arity)	7 a Nature of Interest Transa tion or Income
Name	
Trade Name if any	
P.O. Box Bldg. Room No. if any	7 b Airouat
Street	

Signature

15. Signature and verification. The undersigned declare a under penalty of Perjury and other applicable penalties of the law. That all of the information submitted in this report (including the information culturation have accompanying documents), has been examined by the signatory and is to the best of the undersigned's how edge and belief true, correct, and complete itsee the section on penalties in the instructions.

ZIP Code + 4

City

State

Telephone Number